

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		1					54	
5		1					55	
6		1					56	
7		1					57	
8		1					58	
9							59	
10							60	
11							61	
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13							63	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	7						TOTAL DEP.	
TOTAL CLAIMS	8						TOTAL CLAIMS	